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Fill in this information to identify your case:	
United States Bankruptcy Court for the:  Northern District of: Illinois (State)	
Case number (if known)	Chapter you are filing under:
	Chapter 7 Chapter 11 Chapter 12 Chapter 13

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yoursel	f	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name  Write the name that is on	Trivaries First name L.	First name
your government-issued picture identification (for example, your driver's license or passport	Middle name  Hill Last name	Middle name  Last name
Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years	First name	First name
Include your married or	Middle name	Middle name
maiden names.	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification numbe	XXX - XX- 2467 OR 9 xx - xx-	xxx - xx- or 9 xx - xx-
(ITIN)	-	

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Debtor 1 Irivaries First Name	L. Hill Middle Name Last Name	Case number (if known)
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business nan and Employer	nes I have not used any business names or EINs.	I have not used any business names or EINs.
Identification Numbers (EIN) yo have used in the l		Business name
8 years	Business name	Business name
Include trade names a doing business as na		EIN
	EIN	EIN
5. Where you live	0447 W Managa # Ant 0	If Debtor 2 lives at a different address:
	3417 W. Monroe # Apt 2 Number Street	Number Street
	Chicago Illinois 60624 City State Zip Code	City State Zip Code
	Cook	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	City State Zip Code	City State Zip Code
6. Why you are	City State Zip Code	Oily State Zip Gode
choosing this dist		Check one:
to file for bankrup	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)
		-
		-

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Debtor 1 Trivaries	L.	Hill		Case number (if knd	own)	
First Name	Middle Name	e Last Name				
Part 2: Tell the Court Abo	out Your Bankrup	tcy Case				
<ol> <li>The chapter of the Bankruptcy Code you are choosing to file under</li> </ol>		brief description of each, see B2010)). Also, go to the top of				ndividuals Filing for
8. How you will pay the fee	more details a cashier's chec may pay with  I need to pay Individuals to  I request that judge may, but the official poyou choose the	entire fee when I file my about how you may pay. Tyck, or money order If you a credit card or check with the fee in installments. If a Pay Your Filing Fee in Installment to the the be waived (You rut is not required to, waive werty line that applies to you ond file it with your petition	ypically, if your attorney is a pre-printed you choose stallments (Comay request your fee, an our family sint the Application of the stall of the st	ou are paying the submitting you ed address. this option, sig official Form 103 this option only d may do so only ze and you are u	e fee yourself, r payment on y gn and attach to A).  If you are filingly if your incorunable to pay to the pay	you may pay with cash, your behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If
9. Have you filed for bankruptcy within the last 8 years?	No.  ✓ Yes. District  District  District	Northern District of Illinois	When When When	11/13/2015 MM / DD / YYYY MM / DD / YYYY	Case number _ Case number _ Case number _	15-38731
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Yes. Debtor District Debtor District		When When	MM / DD / YYYY	Relationship to Case number, i Relationship to Case number, i	you
11. Do you rent your residence?	✓ No.	e 12.  landlord obtained an evictio  Go to line 12.  Fill out <i>Initial Statement About</i> this bankruptcy petition.				

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Hill Debtor 1 Trivaries \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Trivaries L. Hill Case number (if known)
First Name Middle Name Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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Debtor 1 Irivaries	L.	Hill	Case number (if known)	
Part 6: First Name  Answer These Que	Middle Name estions for Reporting F	Last Name Purposes		
16. What kind of debts do you have?	16a. Are your debts princurred by an in No. Go to lin ✓ Yes. Go to lir 16b. Are your debts prince for a busi ☐ No. Go to lin ☐ Yes. Go to lin ☐ Yes. Go to lir	primarily consumer debts' ndividual primarily for a per e 16b. ne 17. primarily business debts? ness or investment or through	sonal, family, or househ  Business debts are debt  ugh the operation of the	s that you incurred to obtain business or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing unde	nder Chapter 7. Go to line 18 er Chapter 7. Do you estimate paid that funds will be availab	that after any exempt prop	perty is excluded and administrative d creditors?
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	☐ 1,000-5 ☐ 5,001-1 ☐ 10,001-	0,000	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,00 \$500,001-\$1 millio	\$10,000 00 \$50,000	001-\$10 million 0,001-\$50 million 0,001-\$100 million 00,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,00 \$500,001-\$1 millio	\$10,000 00 \$50,000	001-\$10 million 0,001-\$50 million 0,001-\$100 million 00,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign Below				
For you	correct.  If I have chosen to file of title 11, United State under Chapter 7.  If no attorney represen out this document, I have	under Chapter 7, I am awar es Code. I understand the r ts me and I did not pay or a ave obtained and read the r	e that I may proceed, if e elief available under each agree to pay someone whotice required by 11 U.S	he information provided is true and eligible, under Chapter 7, 11,12, or 13 h chapter, and I choose to proceed no is not an attorney to help me fill S.C. § 342(b).
	I understand making a connection with a bank	false statement, concealing	g property, or obtaining	money or property by fraud in imprisonment for up to 20 years, or
	/s/ Trivaries Hill Signature of Debtor	1	Signature of D	Debtor 2
	G	2/28/2017 MM / DD / YYYY	Executed or	

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Debtor 1 Trivaries	L.	Hill	Case number (if k	nown)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed un	der Chapter 7, 11, 12	2, or 13 of title 11, United	ave informed the debtor(s) about I States Code, and have explained the so certify that I have delivered to the
If you are not	debtor(s) the notice requ	ired by 11 U.S.C. §	342(b) and, in a case in w	hich § 707(b)(4)(D) applies, certify that I
represented by an	have no knowledge afte	r an inquiry that the	information in the schedu	ules filed with the petition is incorrect.
attorney, you do not	4.5			
need to file this page.	/s/ Angie Harb		Date	2/28/2017
	Signature of Attorney	for Debtor	MI	M / DD / YYYY
	Angie Harb			
	Printed name			
	Semrad Law Firm			
	Firm name			
	20 S. Clark Street			
	Street			
	28th Floor			
	Chicago		Illinois	60603
	City		State	Zip Code
	Contact phone	3128374024	Email address	aharb@semradlaw.com
			_	
			Illinois	
	Bar number		State	

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Fill in this information to identify your case:								
Debtor 1	Trivaries	L.	Hill					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States E	Sankruptcy Court for the:	Northern	District of Illinois					
			(State)					
Case number (If known)								

П	Check if this is an
	amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$5,950.00
1c. Copy line 63, Total of all property on Schedule A/B	\$5,950.00
art 2: Summarize Your Liabilities	
	<b>Your liabilities</b> Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$6,897.62
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
,	\$0.00 \$7,639.72
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	<u>*****</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$7,639.72
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$7,639.72
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$7,639.72
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$7,639.72 \$14,537.34

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Deb	otor 1 Trivaries	L.	Hill	Case number (if known)							
	First Name	Middle Name	Last Name								
Part	4: Answer These Qu	estions for Administra	tive and Statistical Record	S							
6. <b>A</b>	are you filing for bankrupto	cy under Chapters 7, 11, c	or 13?								
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.										
[	✓ Yes.										
7. <b>V</b>	Vhat kind of debt do you h	ave?									
[			umer debts are those incurred by Fill out lines 8-10 for statistical pu	an individual primarily for a personal, rposes. 28 U.S.C. § 159.							
	<u> </u>	marily consumer debts. Y th your other schedules.	ou have nothing to report on this	part of the form. Check this box and su	ubmit						
	From the Statement of Yor Form 122A-1 Line 11; <b>OR</b> ,		ne: Copy your total current monthorm 122C-1 Line 14.	nly income from Official	\$1,714.13						
9.	Copy the following speci	al categories of claims fro	om Part 4, line 6 of Schedule E	/F:							
	From Part 4 on Schedule	E/F, copy the following:		Total claim							
	9a. Domestic support obli	gations (Copy line 6a.)		\$0.00							
	9b. Taxes and certain other	r debts you owe the govern	ment. (Copy line 6b.)	\$0.00							
	9c. Claims for death or per	sonal injury while you were	intoxicated. (Copy line 6c.)	\$0.00							
	9d. Student loans. (Copy I	ine 6f.)		\$0.00							
	9e. Obligations arising out priority claims. (Copy line 6		or divorce that you did not report	as \$0.00							
	9f. Debts to pension or pro	ofit-sharing plans, and other	r similar debts. (Copy line 6h.)	\$0.00							

\$0.00

9g. Total. Add lines 9a through 9f.

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Fill in this	information	to identify your c	ase:		-			
Debtor 1	Trivar		1		Hill			
Debtor 1	First		Middle N	lame	Last Name			
Debtor 2 (Spouse, if fil	ing) First N	Name	Middle N	lame	Last Name			
United Sta		tcy Court for the:	Northern	amo	District of Illinois			
	•	toy Court for the.	Notutent		(State)			
Case num (If known)	iber							
Officia	l Form	106A/B						Check if this is an amended filing
-		/B: Prope	rtv					· ·
				et an	asset only once. If an asse	t fits in more t	han and catagony list the	12/1
category v	where you t	hink it fits best. E	Be as complete a	nd a	curate as possible. If two r	married people	are filing together, both a	are equally
•		ring correct infor case number (if k		•	is needed, attach a separa question.	ite sheet to thi	s form. On the top of any	additional pages,
		•	•	-	r Other Real Estate You	ı Own or Hav	e an Interest In	
			_		residence, building, land,			
<b>✓</b>	No. Go to F				,			
	Yes. Where	is the property?						
				Wh	at is the property? Check al	I that apply.	Do not deduct secured	claims or exemptions. Put
1.1	Ol		- the second second second		Single-family home			red claims on Schedule D: aims Secured by Property.
	Street address, if available, or other description			П	Duplex or multi-unit building			
					Condominium or cooperative	e	Current value of the entire property?	Current value of the portion you own?
					Manufactured or mobile hom	ie		<u> </u>
	Number	Street			Land		Describe the nature of	f vour ownershin
				Ц	Investment property		interest (such as fee s	simple, tenancy by
	City	State	Zip Code	H	Timeshare Other		the entireties, or a life	e estate), if known.
				Ш				ommunity property
				Wh one	o has an interest in the pro	perty? Check	(see instructions)	
					Debtor 1 only			
					Debtor 2 only			
					Debtor 1 and Debtor 2 only			
					At least one of the debtors ar	nd another		
					er information you wish to perty identification numbe		item, such as local	
If vou	own or have	more than one, li	st here:	ріо	berty racintinoation namber	·		
				Wh	at is the property? Check al	I that apply.		claims or exemptions. Put
1.2	Street addre	ess, if available, or	other description		Single-family home			red claims on Schedule D: aims Secured by Property.
	Oli Cot addic	os, ii available, or v	other description		Duplex or multi-unit building		Current value of the	Current value of the
					Condominium or cooperative		entire property?	portion you own?
				Н	Manufactured or mobile hom Land	ie	<del></del>	
	Number	Street		H	Investment property		Describe the nature of	f your ownership
				H	Timeshare		interest (such as fee s the entireties, or a life	
	City	State	Zip Code	H	Other			
				<u> </u>				mmunity property
				one	o has an interest in the pro	perty? Check	(see instructions)	
					Debtor 1 only		<b>ப</b>	
					Debtor 2 only			
					Debtor 1 and Debtor 2 only			
					At least one of the debtors ar	nd another		
					er information you wish to perty identification numbe		item, such as local	

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Debtor 1	Trivaries	L.	Hill	Case number	(if known)	
	First Name	Middle Name	Last Name		· · · · · ·	
1.3	et address, if available, or ot		What is the property? Check all that apply Single-family home		the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.
	et address, ii available, or ot		Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home		Current value of the entire property?	Current value of the portion you own?
Nun	nber Street	- I	Land Investment property Timeshare		Describe the nature of interest (such as fee s the entireties, or a life	imple, tenancy by
City	State	[ [ [	Other  Who has an interest in the property? Ch Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about	eck one.	Check if this is co (see instructions)	
3 V44	the dellar value of the no		property identification number: all of your entries from Part 1, including	any ontrins	for pages	
	ve attached for Part 1. Wi			any entries	Tor pages	
Oo you ow you own the B. Cars, va	hat someone else drives. If y ans, trucks, tractors, sport ut	equitable interest you lease a vehicle,	t in any vehicles, whether they are regis also report it on Schedule G: Executory Co cycles			
3.1		Chevy Impala 2006	Who has an interest in the property one.  Debtor 1 only	? Check	the amount of any secu	claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.
	Approximate mileage: Other information: 2006 Chevy Impala	147000	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and	other	Current value of the entire property? \$2175.00	Current value of the portion you own? \$2175.00
			Check if this is community prop instructions)	erty (see		
3.2	Make Model: Year:	Pontiac Grand Prix 2006	Who has an interest in the property one.  Debtor 1 only	? Check	the amount of any secu	claims or exemptions. Put ired claims on <i>Schedule D:</i> aims Secured by Property.
	Approximate mileage: Other information: 2006 pontiac grand prix	107000	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and	other	Current value of the entire property? \$2675.00	Current value of the portion you own? \$2675.00
			Check if this is community prop	erty (see		

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btor 1	Trivaries First Name	L. Middle Name	Hill Last Name	Case numbe	er (if known)	
3.3	Make Model: Year: Approximate mileage: Other information:		Who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community prinstructions)	d another	the amount of any secu	claims or exemptions. Put ired claims on <i>Schedule D:</i> nims Secured by Property.  Current value of the portion you own?
3.4	Make Model: Year: Approximate mileage: Other information:	<u>=</u>	Who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and	·	the amount of any secu	claims or exemptions. Put ared claims on <i>Schedule D: hims Secured by Property.</i> Current value of the portion you own?
			Check if this is community prinstructions)	oroperty (see		
		•	er recreational vehicles, other vehi , fishing vessels, snowmobiles, moto	•		
Exa	mples: Boats, trailers, motor No Yes	•	-	orcycle accessorionerty? Check	Do not deduct secured the amount of any secu	claims or exemptions. Put ared claims on <i>Schedule D:</i> aims Secured by Property. Current value of the portion you own?

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De	ebtor 1	Trivaries	L.	Hill	Case number (if known)	
		First Name	Middle Name	Last Name		_
Pa	rt 3:	Describe Y	our Personal and Househo	ld Items		
D	o you	own or hav	e any legal or equitable into	erest in any of the follov	ving items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
			and furnishings			
	Examp No	les: Major app	liances, furniture, linens, china, ki	tchenware		
V		Describe	used furniture			#c00.00
Y						\$600.00
		ronics les: Televisions	s and radios; audio, video, stereo	, and digital equipment; comp	puters, printers, scanners; music	
✓	No					
	Yes. D	Describe				
			ue ind figurines; paintings, prints, or in, or baseball card collections; ot			
	Yes. D	Describe				] <del></del>
		les: Sports, ph	rts and hobbies otographic, exercise, and other h s; carpentry tools; musical instrur		ool tables, golf clubs, skis; canoes	
✓	No					
	Yes. D	Describe				
	<b>0. Fire</b> Examp		es, shotguns, ammunition, and r	elated equipment		
<b>✓</b>	No .					
	Yes. D	Describe				] <del></del>
	<b>1. Clot</b> Examp		clothes, furs, leather coats, design	ner wear, shoes, accessories		
	No					
✓	Yes. D	Describe	used clothing			\$200.00
			ewelry, costume jewelry, engagen r	nent rings, wedding rings, he	eirloom jewelry, watches, gems,	1
띨	No Voc F	) oo orib o				1
Ш	res. L	Describe				
		-farm animal les: Dogs, cats	s s, birds, horses			
✓	No					
	Yes. D	Describe				
1	4. Any	other person	al and household items you did	d not already list, including	any health aids you did not list	
✓	No					
	Yes. D	Describe				
			lue of all of your entries from F		s for pages you have attached	\$800.00

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Debt		Trivaries	L.	Hill	Case number (if known)				
		First Name	Middle Name	Last Name					
Part 4	4:	Describe Your F	inancial Assets						
Doy	you	own or have any	/ legal or equitable interest	in any of the following	?	Current value of the portion you own?  Do not deduct secured claims or exemptions.			
16. <b>Cash</b>									
E		No	ve in your wallet, in your home, in		hand when you file your petition  Cash:				
17.	Den	osits of money							
		mples: Checking, sa and other similar ins	avings, or other financial accounts; stitutions. If you have multiple acc		es in credit unions, brokerage houses, tion, list each.				
	Ш	No		Institution name					
	<b>✓</b>	Yes		Institution name:					
			17.1. Checking account:						
			17.2. Checking account:						
			17.3. Savings account:						
			17.4. Savings account:						
			17.5. Certificates of deposit:						
			17.6. Other financial account:	h&r block card		\$300.00			
			17.7. Other financial account:						
			17.8. Other financial account:						
			17.9. Other financial account:						
18.			or publicly traded stocks investment accounts with brokers	age firms, money market acc	counts				
		No Yes	Institution or issuer name:						
19.		n-publicly traded st LLC, partnership, a		ted and unincorporated bu	usinesses, including an interest in				
	<b>✓</b>	No	A1 6 19		0/ 6				
		Yes. Give specific	Name of entity		% of ownership:				
	_	information about them							
		uicili							

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Debt	tor 1 Trivaries	L.	Hill	Case number (if known)	
	First Name	Middle Name	Last Name		
20.	Negotiable instruments	porate bonds and other negotial include personal checks, cashiers ents are those you cannot transfe	checks, promissory no	otes, and money orders.	
	Yes. Give specific information about them	Issuer name:			
21	Retirement or pension	n accounts			
	Examples: Interests in I		, thrift savings account	s, or other pension or profit-sharing plans	
	✓ No  Yes. List each	Type of account:	Institution name:		
	account separately.	401(k) or similar plan:			
		Pension plan:	_		
		IRA:			
		Retirement account:	_		
		Keogh:	_		
		Additional account:			
00	0	Additional account:			
22.		d prepayments d deposits you have made so that with landlords, prepaid rent, public			
	Yes	Electric:			
	_	Gas:			
		Heating oil:			
		Security deposit on rental unit:			
		Prepaid rent:			
		Telephone:			
		Water:			
		Rented furniture:			
		Other:			
23.	Annuities (A contract for	or a periodic payment of money to	you, either for life or fo	or a number of years)	
	✓ No  Yes	Issuer name and description:			
		-			

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Debto	or 1 Trivaries	L.		Hill	Case number (if known)	
	First Name		e Name	Last Name		
24.		<b>n education IRA, in an ac</b> 530(b)(1), 529A(b), and 529	-	ified ABLE program	, or under a qualified state tuition program.	
	✓ No  Yes	Institution name and descri	ription. Separately	y file the records of ar	ry interests.11 U.S.C. § 521(c):	
0.5	Tourist and it				d in time 4V and sinkte as server	
25.		or your benefit	property (other	than anything liste	d in line 1), and rights or powers	
	Ves. Desc	ribe				
26.		vrights, trademarks, trademet domain names, websi		-		
	✓ No  Yes. Desc	ribe				
27.		nchises, and other general lding permits, exclusive lice	-	e association holdings	s, liquor licenses, professional licenses	
	<b>✓</b> No					
	Yes. Desc	ribe				
Mon	ey or proper	ty owed to you?				Current value of the portion you own?  Do not deduct secured claims or exemptions.
	ey or proper					portion you own? Do not deduct secured
						portion you own? Do not deduct secured
	Tax refunds on No	wed to you specific information			Federal:	portion you own? Do not deduct secured
	Tax refunds on  ✓ No  Yes. Give s abou you a	wed to you specific information t them, including whether already filed the returns			Federal: State:	portion you own? Do not deduct secured claims or exemptions.
	Tax refunds on  ✓ No  Yes. Give s abou you a	wed to you specific information t them, including whether				portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds on  No Yes. Give s abou you a and t	specific information t them, including whether already filed the returns he tax years	, spousal support	t, child support, main	State:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past	wed to you  specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony,	, spousal support	t, child support, main	State:  Local: tenance, divorce settlement, property settlemen	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past	specific information t them, including whether already filed the returns he tax years	, spousal support	t, child support, main	State: Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past	wed to you  specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony,	, spousal support	t, child support, main	State:  Local: tenance, divorce settlement, property settlemen  Alimony:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t
28.	Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past	wed to you  specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony,	, spousal support	t, child support, main	State:  Local:  tenance, divorce settlement, property settlemen  Alimony:  Maintenance:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00
28.	Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past	wed to you  specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony,	, spousal support	t, child support, main	State:  Local:  tenance, divorce settlement, property settlemen  Alimony:  Maintenance:  Support:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00
29.	Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past ✓ No  ☐ Yes. Give s	specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, specific information			State: Local:  tenance, divorce settlement, property settlement  Alimony:  Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past ✓ No  ☐ Yes. Give s  Other amount Examples: Unp	specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, specific information	nce payments, di	sability benefits, sick	State: Local: tenance, divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past ✓ No  ☐ Yes. Give s  Other amount Examples: Unp	specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, specific information	nce payments, di	sability benefits, sick	State: Local:  tenance, divorce settlement, property settlement  Alimony:  Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds on  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soc	specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, specific information s someone owes you aid wages, disability insurar ial Security benefits; unpaid	nce payments, di	sability benefits, sick	State: Local:  tenance, divorce settlement, property settlement  Alimony:  Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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Deb	tor 1 Trivaries	L.	Hill	Case number (if known)	_
	First Name	Middle Name	Last Name		
31.	Interests in insurance   Examples: Health, disabil		avings account (HSA); credit, ho	omeowner's, or renter's insurance	
	No N	Co	mpany name:	Beneficiary:	Surrender or refund value:
	Yes. Name the insur of each policy and list		insurance with employer		\$0.00
		<u> </u>			
32.				, or are currently entitled to receive	
	<b>✓</b> No				
	Yes. Describe				
33.		arties, whether or not you ployment disputes, insurance	have filed a lawsuit or made a se claims, or rights to sue	a demand for payment	
	Ves. Describe				
34.	Other contingent and u	unliquidated claims of eve	ry nature, including counterc	laims of the debtor and rights	
	<b>✓</b> No				
	Yes. Describe				
35.	Any financial assets yo	ou did not already list			
	<b>✓</b> No				
	Yes. Describe				
36.	Add the dollar value of	all of your entries from Pa	ırt 4, including any entries for	pages you have attached	\$300.00
	for Part 4. Write that n	umber here		<b>&gt;</b>	Ψ300.00
Part	5: Describe Any Bu	siness-Related Proper	ty You Own or Have an In	terest In. List any real estate in Par	t 1.
37.	Do you own or have an	y legal or equitable intere	st in any business-related pro		
	No. Go to Part 6.				Current value of the portion you own?
	Yes. Go to line 38.				Do not deduct secured claims or exemptions
38.	Accounts receivable or	r commissions you already	earned		·
	✓ No				
	Yes. Describe				
39.	Office equipment, furni				
		ted computers, software, mo	odems, printers, copiers, fax mad	chines, rugs, telephones, desks, chairs, elec	tronic devices
	✓ No  Yes. Describe				
		<del></del>			

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Debt	tor 1 Trivaries L.	Hill	Case number (if known)	
ı		le Name Last Name		
40.	Machinery, fixtures, equipment, suppli	es you use in business, and tools of your t	rade	
	<b>✓</b> No			
	Yes. Describe			
41.	Inventory			
	<b>✓</b> No			
	Yes. Describe			
10				
42.	Interests in partnerships or joint ventu	res		
	✓ No	Name of entity:	% of ownership:	
	Yes. Give specific	Name of entity.	% of ownership.	
	information about them			
	ulem			
10.	Overtennes liete meiling liete es ether es			<del>-</del>
43.	Customer lists, mailing lists, or other co	impliations		
	<b>✓</b> No			
	Yes. Do your lists include personally i	dentifiable information (as defined in 11 U.S.C	C. § 101(41A))?	
	□ No			
	Yes. Describe			
	Tes. Describe			
44.	Any business-related property you did	not already list		
	<b>✓</b> No			
	lacksquare			
	Yes. Give specific information			
				<u> </u>
				<del></del>
				_
				<del></del>
		from Part 5, including any entries for pag		
<b>▶</b>	art 5. Write that humber here			
Part		mercial Fishing-Related Property Yo	u Own or Have an Interest In.	
	If you own or have an interest in farmland	I, list it in Part 1.		
46.	Do you own or have any legal or equita	able interest in any farm- or commercial fi	ishing-related property?	
	No. Go to Part 7.			Current value of the
	Yes. Go to line 47.			portion you own?
	165. do to line 47.			Do not deduct secured claims or exemptions
47.	Farm animals			
	Examples: Livestock, poultry, farm-raised	fish		
	<b>✓</b> No			
	Yes. Describe			

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Deb	tor 1	Trivaries First Name	L. Middle Name	Hill Last Name	Case number (if known)	
48.	Cro	ps-either growing o		Last Name		
	<b>V</b>	No				
	H	Yes. Describe				]
49.	Far	m and fishing equip	oment, implements, machinery, fi	xtures, and tools o	f trade	
	<b>✓</b>	No				
		Yes. Describe				
50.	Far	m and fishing suppl	ies, chemicals, and feed			
	<b>✓</b>	No				
		Yes. Describe				
		L				_
51.	Any	/ farm- and comme	cial fishing-related property you	did not already lis	t	
	$\overline{\mathbf{A}}$	No Vac Dagariba				7
	Ш	Yes. Describe				
			l of your entries from Part 6, incl			
<b>•</b>	art o	. Write that number	11616			
D. 1	7.	Describe All Dre	monthy Vol. Ourm on House on In	stanget in That Ve	ou Did Not List About	
Part 53.			perty You Own or Have an In perty of any kind you did not alrea		DU DIU NOI LISI ADOVE	
			s, country club membership	<b>,</b>		
	✓	No				
		Yes. Give specific information				
54. A	dd tl	ne dollar value of al	l of your entries from Part 7. Writ	te that number her	e	<u>}</u>
Part	g.	I ist the Totals of	Each Part of this Form			
55. <b>I</b>	Part	1: Total real estate	, line 2			·
56.	part	2 total vehicles, line	e 5	\$4850.00		
57. <b>P</b>	art :	3: Total personal an	d household items, line 15			
58. <b>P</b>	art 4	· l: Total financial as	sets. line 36	\$800.00	<del></del>	
			elated property, line 45	\$300.00		
			ishing-related property, line 52			
			erty not listed, line 54			
			-			
02.	ıota	personal property.	Add lines 56 through 61	\$5950.00	Copy personal property tota	+ \$5950.00
					and the second back and second	
63. <b>T</b>	otal	of all property on S	chedule A/B. Add line 55 + line 62			\$5950.00

		Case 17-0609	7 Doc 1	Filed 02/28/1 Document	7 Entered 02/28/2 Page 20 of 73	17 20:50:43	Desc Main
Fill i	in this inforr	nation to identify your c	ase:				
Deb	otor 1	Trivaries	L.	Hill	1		
	otor 2 use, if filing)	First Name	Middle I				
Unit	ted States B	ankruptcy Court for the:	Northern	District of I			
	e number			(:	State)		
		orm 106C					Check if this is an amended filing
Sc	hedule	C: The Prop	erty You	Claim as Exe	empt		12/15
For stat the tax- und you	each item e a specif amount o exempt re er a law ti r exemption	ic dollar amount as f any applicable stat etirement funds—ma	im as exempt, exempt. Alterr utory limit. So ay be unlimited tion to a partic to the applical	, you must specify the natively, you may clow may clow exemptions—so din dollar amount. So cular dollar amount ble statutory amour	uch as those for health a However, if you claim ar and the value of the pro	value of the proper pids, rights to rece on exemption of 10	ne way of doing so is to erty being exempted up to eive certain benefits, and 00% of fair market value ned to exceed that amount,
1.			_		spouse is filing with you.		
		re claiming state and fe			U.S.C. § 522(b)(3)		
2.	_	re claiming federal exe	•		I in the information below.		
	Brief desc	ription of the property hedule A/B that lists th	and Curren is the por own	nt value of Amount rtion you Check o	of the exemption you claim	-	c laws that allow exemption
	Brief description used of Line from Schedule A	clothing	\$2		\$200.00 9% of fair market value, up to Dicable statutory limit	o any	735 ILCS 5/12-1001(a)

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

\$600.00

**✓** 

\$600.00

100% of fair market value, up to any

applicable statutory limit

description:

Line from

Schedule A/B:

used furniture

06

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

Yes

735 ILCS 5/12-1001(b)

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Hill Debtor 1 Trivaries Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$300.00 description: **✓** \$300.00 Other financial account, 100% of fair market value, up to any h&r block card applicable statutory limit Line from Schedule A/B: 17 735 ILCS 5/12-1001(f) Brief \$0.00 description: **✓** \$0 life insurance with 100% of fair market value, up to any employer applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(c); 735 ILCS Brief description: \$2,175.00 5/12-1001(b) **✓** \$1,288.52; \$0.00 Chevy Impala, 2006, 100% of fair market value, up to any 2006 Chevy Impala applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(c); 735 ILCS Brief description: \$2,675.00 5/12-1001(b) **✓** Pontiac Grand Prix, 100% of fair market value, up to any 2006, 2006 pontiac grand prix applicable statutory limit

Line from Schedule A/B:

03

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Fill in	this information to identify your ca	ase:				
Debto	or 1 Trivaries	L.	Hill			
Debic	First Name	Middle Name	Last Name			
Debto						
(Spous	e, if filing) First Name	Middle Name	Last Name			
United	d States Bankruptcy Court for the:	Northern	District of Illinois			
	number		(State)			
(If know	·			_		Check if this is a
	icial Form 106D					amended filing
SCI	neaule D: Creat	ors wno Ha	ve Claims Secure	ea by Prop	erty	12/1
			e are filing together, both are equaler the entries, and attach it to t	•		
	and case number (if known).	onai rage, illi it out, iluli	iber the entires, and attach it to t	inis ionii. On the top	oi any additional pa	iges, write your
1.	Do any creditors have claims so	ecured by your proper	ty?			
Г	<del>-</del>		vith your other schedules. You hav	e nothing else to rep	ort on this form.	
ľ	Yes. Fill in all of the information		,	0 1		
David	<b>—</b>					
Part						
2.	List all secured claims. If a credit separately for each claim. If more the			Column A  Amount of claim	Column B Value of	Column C Unsecured
	in Part 2. As much as possible, list	•		Do not deduct the	collateral	portion
	name.			value of collateral.	that supports	If any
6.4	Illingia Titla Lagn			<b>#</b> 000 40	this claim	Φ0.00
2.1	Illinois Title Loan Creditor's Name	Describe the property	that secures the claim:	\$886.48	\$2,175.00	\$0.00
	5201 W North Ave Number Street	2006 Chevy Impala	, the claim is: Check all that apply.			
	Number Street	. Contingent	, the Claim is. Oneck an that apply.			
	Chicago II 60620	Unliquidated				
	ChicagoIL60639CityStateZIP Code					
	Who owes the debt? Check one.	Disputed				
	✓ Debtor 1 only	Nature of lien. Check a	,			
	Debtor 2 only	An agreement you r	made (such as mortgage or secured			
	Debtor 1 and Debtor 2 only		as tax lien, mechanic's lien)			
	At least one of the debtors and another	Judgment lien from	a lawsuit			
	Check if this claim relates	Other (including a ri	ght to offset)			
	to a community debt  Date debt was					
	incurred	Last 4 digits of accour	nt number			
2.2	COBAR Acquisitions	- Describe the property	that secures the claim:	\$6,011.14	\$2,675.00	\$3,336.14
	Creditor's Name 25 Highland Park Village 100-	2006 Pontiac Grand Pri	x			
	201		, the claim is: Check all that apply.			
	Number Street	Contingent				
	Dallas TX 75205	Unliquidated				
	City State ZIP Code	Disputed				
	Who owes the debt? Check one.	Nature of lien. Check a	ıll that apply.			
	Debtor 1 only		made (such as mortgage or secured			
	Debtor 2 only	car loan)	on toy lian, mach aniala lian)			
	Debtor 1 and Debtor 2 only		as tax lien, mechanic's lien)			
	At least one of the debtors and another	Judgment lien from				
	Check if this claim relates	Other (including a ri	gnt to offset)			
	to a community debt  Date debt was	Last 4 digits of accoun	nt number			
	incurred					
	Add the dollar value of	your entries in Column A	on this page. Write that number	\$6,897.62		

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Debtor 1	Trivaries	L.	Hill	Case number (if known)
Part 2:	First Name List Others to Be Noti	Middle Name ified for a Debt That	Last Name You Already Listed	
agency Similar	is trying to collect from	you for a debt you owe one creditor for any of	to someone else, list t the debts that you list	a debt that you already listed in Part 1. For example, if a collection he creditor in Part 1, and then list the collection agency here. ed in Part 1, list the additional creditors here. If you do not have nit this page.
Nam	IIGHLAND PARK VILLAGE		_	On which line in Part 1 did you enter the creditor?  2.2  Last 4 digits of account number
Dalla City		exas 752 State Zip	205 Code	

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Fill in	this inforn	mation to identify your o	case:					
Debto	r 1	Trivaries	L.	Hill				
Debto	r 2	First Name	Middle Name	Last Name				
(Spouse	e, if filing)	First Name	Middle Name	Last Name				
United	States B	ankruptcy Court for the:	Northern	District of Illinois (State)				
Case r	number n)			(3.00)				
Offic	cial Fo	orm 106E/F				Che	ck if this is ar	amended filin
Sch	nedu	ıle E/F: Cre	editors Who	Have Unsecure	d Claims	;		12/1
other p Form 1 claims the ent known	oarty to a 06A/B) a that are tries in the h.  List A	iny executory contract and on Schedule G: Ex- listed in Schedule D: on the boxes on the left. A	ts or unexpired leases t ecutory Contracts and ( Creditors Who Hold Cla		executory contract a). Do not include a ce is needed, copy	s on <i>Schedu</i> any creditors the Part yo	le A/B: Prop s with partia u need, fill i	perty (Official ally secured t out, number
2. L	Yes. List all of sted, iden as much a Continuation	your priority unsecure tify what type of claim it as possible, list the claim on Page of Part 1. If mo	is. If a claim has both pr s in alphabetical order acc re than one creditor holds	s more than one priority unsecured clain ority and nonpriority amounts, list that coording to the creditor's name. If you has a particular claim, list the other creditors for this form in the instruction bookle	claim here and show we more than two p s in Part 3.	both priority	and nonprio	rity amounts.
		71	,		,	Total	Priority	Nonpriority
0.1	CHII D S	UPPORT EN/IL				<b>claim</b> \$0.00	\$0.00	amount
2.1		reditor's Name		Last 4 digits of account number		\$0.00	φ0.00	\$0.00
	100 S GI Number	RAND AV EAST Street		When was the debt incurred?	n/a			
	Number	Street		As of the date you file, the claim is	: Check all that			
				apply.				
	Springfie		62705	Contingent				
	City Who inc	State urred the debt? Check	Zip Code	Unliquidated				
		tor 1 only	0.1.0.	Disputed				
	Debt	tor 2 only		Type of PRIORITY unsecured claim	1:			
	Debt	tor 1 and Debtor 2 only		✓ Domestic support obligations				
	At lea	ast one of the debtors a	nd another	Taxes and certain other debts you government	u owe the			
	Che	ck if this claim relates	to a community debt	Claims for death or personal injur	y while you were			
	_	aim subject to offset?	,	intoxicated Other. Specify				
	<b>✓</b> No	•		Other: Specify				
	Yes							
2.2	Dyer, Val	erie		Loct 4 digits of account number		\$0.00	\$0.00	\$0.00
	Priority C	reditor's Name		Last 4 digits of account number	2/0			
	Number	rand Ave E Street		When was the debt incurred?	n/a			
	c/o Illinoi	is Department of Healtho	care and Family	As of the date you file, the claim is apply.	: Check all that			
	0 - 1 5 - 1	Lat. 102 2-	00704	Contingent				
	Springfiel City	ld Illinois State	62704 Zip Code	Unliquidated				
		urred the debt? Check	one.	Disputed				
	$\stackrel{\smile}{=}$	tor 1 only		Type of PRIORITY unsecured claim	n:			
		tor 2 only		✓ Domestic support obligations				
		tor 1 and Debtor 2 only		Taxes and certain other debts you	u owe the			
	At lea	ast one of the debtors a	nd another	government				
	_	ck if this claim relates aim subject to offset?	to a community debt	Claims for death or personal injurintoxicated	y while you were			
	✓ No  Yes	,		Other. Specify				

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Hill Debtor 1 Trivaries Case number (if known) Middle Name Last Name First Name Part 1: Your PRIORITY Unsecured Claims - Continuation Page Total **Priority** Nonpriority After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. claim amount amount Illinois Department of Healthcare and Family Services \$0.00 \$0.00 \$0.00 2.3 Last 4 digits of account number \_ Priority Creditor's Name 201 South Grand Ave E When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that Contingent 62704 Springfield Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **✓** Type of PRIORITY unsecured claim: Debtor 2 only ✓ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the At least one of the debtors and another government Claims for death or personal injury while you were Check if this claim relates to a community debt intoxicated Is the claim subject to offset? Other. Specify **✓** No

Yes

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Hill Debtor 1 Trivaries Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Capital One \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Po Box 30285 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 84130 Salt Lake Cty Utah City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ credit card Is the claim subject to offset? Yes **CBE GROUP** 4.2 \$76.00 Last 4 digits of account number Nonpriority Creditor's Name 131 TOWE PARK DR SUITE 1 When was the debt incurred? 1/1/2017 Number As of the date you file, the claim is: Check all that apply. Contingent WATERLOO Iowa 50702 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: PEOPLES **✓** No Other. Specify \_\_\_GAS LIGHT AND COKE CO City of Chicago Parking \$2,745.16 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 121 N. LaSalle St # 107A Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60602 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_\_ parking tickets Is the claim subject to offset? **✓** No Yes

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Hill Debtor 1 Trivaries Case number (if known) Middle Name Last Name First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 ComEd \$500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3 Lincoln Center As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated 60181 Oakbrook Terrace Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No Yes MIDLAND FUNDING \$598.89 Last 4 digits of account number \_ Nonpriority Creditor's Name 8875 AERO DR STE 200 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated SAN DIEGO California 92123 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset? **✓** No Yes Mount Sinai Hospital Medical Center 4.6 \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1500 S Fairfield Ave n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60608 Chicago Illinois Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_\_ medical debt

✓ No Yes

Is the claim subject to offset?

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Hill Debtor 1 Trivaries Case number (if known) Middle Name Last Name First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 Peoples Gas \$717.67 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 27 N. Wacker Drive, Suite 703 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60606 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No Yes Rent A Center \$1.00 4.8 Last 4 digits of account number \_ Nonpriority Creditor's Name 2535 Broadway St # 2 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Quincy Illinois 62301 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ notice only Is the claim subject to offset? **✓** No Yes Rush Hospital \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1700 W Van Buren # 161 n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60612 Chicago Illinois Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_\_ medical debt

✓ No Yes

Is the claim subject to offset?

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	Trivaries	L		Hill	Case nu	mber (if known)
	First Name  List Others to E		liddle Name Dout a Debt That Yo	Last Name  Du Already Listed	I	
colle	ection agency is tection agency he	trying to collec re. Similarly, if	t from you for a debt y you have more than o	you owe to someon ne creditor for any	e else, list the ori of the debts that	already listed in Parts 1 or 2. For example, if a ginal creditor in Parts 1 or 2, then list the you listed in Parts 1 or 2, list the additional 2, do not fill out or submit this page.
Peor	oles Gas			On which entry	in Part 1 or Part :	2 did you list the original creditor?
200	E. Randolph			Line 4.2 of (Check	of (Check	Part 1: Creditors with Priority Unsecured Claims
Num	nber Street			one):		Part 2: Creditors with Nonpriority Unsecured Claims
Chic	ago	Illinois	60601	_ Last 4 digits of	account number	5152
City		State	Zip Code		-	
HAR Name	ARRIS & HARRIS LTD			On which entry	in Part 1 or Part	2 did you list the original creditor?
111	1 W JACKSON BLVD S-400		Line 4.3 of (Check	of (Check	Part 1: Creditors with Priority Unsecured Claims	
Num	ber Street			-	one):	Part 2: Creditors with Nonpriority Unsecured Claims
CHI	CAGO	Illinois	60604	Last 4 digits of	account number	
City		State	Zip Code	Last + digits of	account number	

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Hill Debtor 1 Trivaries \_ Case number (if known) Middle Name Last Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here.

\$0.00

6e.

			Total claims
Total claims from Part 2	6f. Student loans	6f.	\$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims		\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$7,639.72
	6j. Total. Add lines 6f through 6i.	6j.	\$7,639.72

6e. Total. Add lines 6a through 6d.

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Fill in this infor	mation to identify your c	ase:		
Debtor 1	Trivaries	L.	Hill	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	Northern	District of Illinois	
Case number (If known)			(State)	

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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		Во	current rage c	12 01 13
Fill in this infor	mation to identify you	ır case:		
Debtor 1	Trivaries	L.	Hill	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court for th		District of Illinois	
Officed States L	Sankiupicy Count for the	ie. Mortifeiti	(State)	
Case number (If known)				
<u> </u>				Check if this is an
Ott: -; -1	T 1001			amended filing
Omiciai	Form 106F	<u>1</u>		
Schedul	e H: Your Co	odebtors		12/15
No Yes  2. Within the Idaho, Loo  No.	e last 8 years, have y uisiana, Nevada, New I Go to line 3.	Mexico, Puerto Rico, Texas, Wa	perty state or territory? ( <i>C</i> ashington, and Wisconsin.)	ommunity property states and territories include Arizona, California,
		mer spouse, or legal equival	ent live with you at the time	9?
	No Yes. In which commu	unity state or territory did you	live?	Fill in the name and current address of that person.
	Name of your spous	e, former spouse, or legal equi	valent	_
	Number Street			<u> </u>
	City	State	Zip Code	<u> </u>
again as	a codebtor only if tha	it person is a guarantor or c	osigner. Make sure you ha	our spouse is filing with you. List the person shown in line 2 we listed the creditor on Schedule D (Official Form 106D), ule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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Fill in this inform				_					
FIII III IIIIS IIIIOIII	nation to identify	your case:							
Debtor 1 Tri	ivaries		Hill						
	rst Name	Middle Name	Last Nan	ne	- Che	ck if this is:			
Debtor 2						An amended filing			
(Spouse, if filing) Fir	rst Name	Middle Name	Last Nan	ne		· ·	nast natition shouter		
United States Bar the: Case number	nkruptcy Court for	Northern	_ District of Illino (Sta			A supplement showing expenses as of the folk			
(If known)					-   i	MM / DD / YYYY			
Official Fo	orm 106l								
Schedule	I: Your In	come					12/		
nformation about spouse. If more s number (if know	ut your spouse. I	•	d your spouse	is not filing	with you, do	not include informa	tion about your		
1. Fill in your en	nployment		Debtor 1			Debtor 2			
information.		Employment status		d					
If you have mo	ore than one job,		Employe  Not Emp			Employed  Not Employed			
information ab employers.		Occupation	Not Emp	loyeu		Not Employed			
Include part tin	ne, seasonal, or	Employer's name	Lawndale Pro	perties		, .			
	work.	Employer's address	2500 Windsor Mall				_		
self-employed				Number Street			Number Street		
self-employed	ay include student r, if it applies.		Number Street						
self-employed  Occupation ma									
self-employed  Occupation ma			Park Ridge	Illinois	60068 Zip Code	City	State Zin Code		
self-employed  Occupation ma		How long employed		Illinois State	60068 Zip Code	City	State Zip Code		
self-employed  Occupation ma		How long employed there?	Park Ridge City	Illinois State		City	State Zip Code		
self-employed Occupation maker or homemaker	, if it applies.		Park Ridge City	Illinois State		City	State Zip Code		
self-employed Occupation maker or homemaker	, if it applies.	there?	Park Ridge City 15 years 1 m	Illinois State onth	Zip Code	,	-		
Occupation mor homemaker  Part 2: Give E  Estimate month spouse unless you	Details About Monthly income as of to but are separated.	there?  Ionthly Income  he date you file this form	Park Ridge City 15 years 1 m	Illinois State onth othing to repo	Zip Code	vrite \$0 in the space. Ir	- nclude your non-filing		
Occupation more homemaker  Part 2: Give I  Estimate month spouse unless your figure or your not the self-employed to the self-employed	Details About Monthly income as of to but are separated.	there?  Ionthly Income  he date you file this form e more than one employer,	Park Ridge City 15 years 1 m	Illinois State onth othing to repo	Zip Code	vrite \$0 in the space. Ir r that person on the lin	- nclude your non-filing		
Part 2: Give I  Estimate month spouse unless your found in the state of the state o	Details About Monthly income as of to but are separated.  n-filing spouse have	there?  Ionthly Income  he date you file this form e more than one employer,	Park Ridge City 15 years 1 m	Illinois State onth othing to repo	Zip Code	vrite \$0 in the space. Ir	- nclude your non-filing		
Part 2: Give I  Estimate month spouse unless you fi you or your normore space, atta	Details About Monthly income as of to but are separated. In-filing spouse have ach a separate sheet	there?  Ionthly Income  he date you file this form e more than one employer,	Park Ridge City 15 years 1 m  1. If you have no combine the information and the combine the information and the combine and th	Illinois State onth othing to repo ormation for a	Zip Code rt for any line, v all employers fo	vrite \$0 in the space. Ir r that person on the lin For Debtor 2 or	- nclude your non-filing		
Part 2: Give E  Estimate month spouse unless your normore space, attained to the control of the	Details About Monthly income as of to but are separated. In-filing spouse have ach a separate sheet	there?  Ionthly Income  he date you file this form  e more than one employer, et to this form.  ary, and commissions (befor calculate what the monthly of	Park Ridge City 15 years 1 m  1. If you have no combine the information and the combine the information and the combine and th	Illinois State onth  othing to repo ormation for a	Zip Code  rt for any line, v  all employers fo	vrite \$0 in the space. Ir r that person on the lin For Debtor 2 or	- nclude your non-filing		

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Debtor	1Trivaries L.	Hill		Case numbe	er <i>(if</i>		
	First Name Middle Name	Last Name		For Debtor 1	For Debtor 2 or non-filing spouse		
Сору	/ line 4 here	<b>→</b> 4		\$2,075.95			
5. <b>List</b> a	all payroll deductions:						
5a. 1	Tax, Medicare, and Social Security deductions	5	a.	\$358.71			
5b. <b>I</b>	Mandatory contributions for retirement plans	5	b.	\$0.00			
5c. <b>\</b>	Voluntary contributions for retirement plans	5	C.	\$0.00			
5d. <b>I</b>	Required repayments of retirement fund loans	5	d.	\$0.00			
5e. <b>I</b>	Insurance	5	e.	\$26.52			
5f. <b>C</b>	Domestic support obligations	5	f.	\$221.00			
5g. <b>l</b>	Union dues	5	g.	\$0.00			
5h. <b>(</b>	Other deductions. Specify:	5	h. +	\$0.00 +			
6. <b>Add</b> 1+5h.	the payroll deductions. Add lines 5a + 5b + 5c + 5	6d + 5e +5f + 5g 6		\$606.23			
7. Calc	ulate total monthly take-home pay. Subtract line	6 from line 4. 7	· .	\$1,469.72	<u> </u>		
8. List a	all other income regularly received:						
t	Net income from rental property and from operat business, profession, or farm	J					
ç	Attach a statement for each property and business sh gross receipts, ordinary and necessary business expe the total monthly net income.	enses, and	a	\$0.00			
8b. <b>I</b>	Interest and dividends	8	b.	\$0.00			
	Family support payments that you, a non-filing s dependent regularly receive	pouse, or a					
	nclude alimony, spousal support, child support, ma divorce settlement, and property settlement.		c	\$0.00			
8d. <b>l</b>	Unemployment compensation	8	d.	\$0.00			
8e. <b>\$</b>	Social Security	8	е.	\$0.00			
Ir c u h	Other government assistance that you regularly include cash assistance and the value (if known) of aleash assistance that you receive, such as food stampunder the Supplemental Nutrition Assistance Program abousing subsidies Specify:	ny non- os (benefits o) or	f.	\$0.00			
8g. <b>I</b>	Pension or retirement income		g.	\$0.00			
	Other monthly income. Specify:		h. +	\$0.00 +			
	all other income Add lines 8a + 8b + 8c + 8d + 8e	+ 8f +8g + 8h. 9	· [	\$0.00			
	culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or no		0.	\$1,469.72		=	\$1,469.72
Inclu frien	te all other regular contributions to the expense ude contributions from an unmarried partner, member ds or relatives.  not include any amounts already included in lines 2-1	ers of your household	, your d	ependents, your roomi			
Spec	cify:					11. +	\$0.00
	If the amount in the last column of line 10 to the					12.	\$1,469.72
VVIICE	e that amount on the <i>Summary of Schedules and St</i> a	ausucai Summary Of C	vertalli L	aviilles allu nelaled Da	αια, τι τι αμμιτές		Combined monthly income
13. <b>Do</b> :	you expect an increase or decrease within the y No.  Yes. Explain:	ear after you file thi	s form?				

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		Docu	$\frac{1}{2}$	73	
Fill in this info	rmation to identify	your case:			
Debtor 1	Trivaries	L.	Hill		
	First Name	Middle Name	Last Name	Check if this is:	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	An amended filing	
					owing post-petition chapter 13
United States I	Bankruptcy Court fo	or the: Northern [	District of Illinois (State)	expenses as of the	_ · · · · · · · · · · · · · · · · · · ·
Case number			(otato)		
(If known)				MM / DD / YYYY	
Official	Form 106	6J			
Schedul	e J: Your I	 Expenses			12/1
information. If (if known). Ans  Part 1: Des  1. Is this a jo  V No. G  Yes. D  2. Do you have  Do not list I	more space is newer every question cribe Your Housint case? To to line 2 To be Debtor 2 live	in a separate household?  nust file Official Forms 106J-2, Expension No  Yes. Fill out this information for	form. On the top of any additio	nal pages, write your nai	
Debtor 2.		each dependent	Debtor 1 or Debtor 2 Child	age 7 years	with you?  No.
			Child	4 years	✓ Yes.  No.
			Cilia	4 years	Yes.
			Child	8 years	No.  ✓ Yes.
	-	✓ No  Yes			<u> </u>
Part 2: Esti	mate Your Ong	oing Monthly Expenses			
_	of a date after the	rour bankruptcy filing date unless y bankruptcy is filed. If this is a sup		•	-
		non-cash government assistance in under the contract of the co			Your expenses
	I or home owners or the ground or lot	hip expenses for your residence. In t. 4.	clude first mortgage payments an	d	<b>\$600.00</b>
If not inc	luded in line 4:				
4a. Real e	state taxes				4a <b>\$0.00</b>

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

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Debtor 1 Trivaries L. Hill Case number (if known)
First Name Middle Name Last Name

	FIISUNAINE	Mildule Name Last Name		
Sea   Sea				Your expenses
6a. Electricity, heat, natural gas         6a.         \$0.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$60.00           6d. Other. Specify:         6d.         \$0.00           7. Food and housekeeping supplies         7.         \$337.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$30.00           10. Personal care products and services         11.         \$10.00           11. Medical and dental expenses         11.         \$10.00           11. Medical and dental expenses         11.         \$10.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$50.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Install insurance         15.         \$0.00           15b. Health insurance         15.         \$0.00           15c. Vahicle Insurance         15.         \$0.00           15c. Vahicle Insurance.         15.         \$0.00           15c. Vahicle Insurance.	5. Additional mortgage paymen	ts for your residence, such as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, call phone, Internet, satellite, and cable services         6c.         \$50.00           6d. Other. Specify:         7.         \$337.00           7. Food and housekeeping supplies         7.         \$337.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$330.00           10. Personal care products and services         10.         \$30.00           11. Medical and dental expenses         11.         \$10.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$50.00           10. not include are payaments         14.         \$0.00           14. Charitable contributions and religious donations         13.         \$0.00           15. Insurance.         15.         \$0.00           15b. Insurance.         15a         \$0.00           15c. Vehicle insurance deducted from your pay or included in lines 4 or 20.         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00	6. Utilities:			
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. \$60.00 6d. Other. Specify: 6d. \$0.00 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$30.00 10. Personal care products and services 10. \$30.00 11. Medical and dental expenses 11. \$10.00 12. Transportation. Include gas, maintenance, bus or train fare. 0	6a. Electricity, heat, natural gas		6a.	\$0.00
6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$337.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$30.00           10. Personal care products and services         10.         \$30.00           11. Medical and dental expenses         11.         \$10.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$50.00           Do not include care payments         13.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15b. \$0.00           15b. Health insurance         15c         \$22.00           15c. Vehicle insurance.         15c         \$22.00           15c. Vehicle insurance.         15c         \$0.00           15c. Vehicle insurance.         \$0.00         \$0.00           17. Installment or lease payments:         17c         \$0.00	6b. Water, sewer, garbage colle	ection	6b.	\$0.00
7. Food and housekeeping supplies       7. \$337.00         8. Childcare and childcare's education costs       8. \$0.00         9. Clothing, laundry, and dry cleaning       9. \$30.00         10. Personal care products and services       10. \$30.00         11. Medical and dental expenses       11. \$10.00         12. Transportation. Include gas, maintenance, bus or train fare.       12. \$50.00         Do not include car payments       13. \$0.00         14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       15a       \$0.00         15b. Insurance.       15a       \$0.00         15c. Utilie insurance deducted from your pay or included in lines 4 or 20.       15a       \$0.00         15c. Vehicle insurance       15a       \$0.00         15c. Vehicle insurance.       15a       \$0.00         15c. Vehicle insurance.       15a       \$0.00         15c. Vehicle insurance. Specify:	6c. Telephone, cell phone, Inte	ernet, satellite, and cable services	6c.	\$60.00
8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$30.00 10. Personal care products and services 10. \$30.00 11. Medical and dental expenses 11. \$10.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. \$0.00 14. Charitable contributions and religious donations 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Onto include taxes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes pon to include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes pon to include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes pon to include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes pon the insurance 15c. Taxes pon the insurance 15c. Taxes pon the insurance pont included in lines 4 or 20. 15d. Taxes pon the insurance pont included in lines 4 or 20. 15d. Taxes pon the insurance pont included in lines 4 or 20. 15d. Taxes pont include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes pont include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes pont include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes pont include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes pont include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes pont included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property 20b. Pagale state taxes. 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance	6d. Other. Specify:		6d	\$0.00
9. Clothing, laundry, and dry cleaning       9. \$30.00         10. Personal care products and services       10. \$30.00         11. Medical and dental expenses       11. \$10.00         12. Transportation. Include gas, maintenance, bus or train fare.       12. \$50.00         Do not include car payments       13. \$0.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       15a       \$0.00         15b. Health insurance deducted from your pay or included in lines 4 or 20.       15a       \$0.00         15c. Vehicle insurance       15b       \$0.00         15c. Vehicle insurance       15c       \$0.00         15c. Vehicle insurance. Specify	7. Food and housekeeping supp	lies	7.	\$337.00
10. Personal care products and services 11. S30.00 11. Medical and dental expenses 11. S10.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. S0.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. Life insurance 15b. Lesith insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15c. Vehicle taxes deducted from your pay or included in lines 4 or 20. Specify: 15c. Vehicle insurance. 15c. Vehicle insurance. 15c. Vehicle insurance. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15c. Vehicle taxes deducted from your pay or included in lines 4 or 20. Specify: 16 17. Installment or lease payments: 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18d. S0.00 18. Your payments for vehicle 1, Your income (Official Form 1061). 19. Other payments you make to support others who do not live with you. Specify: 20a. Mortgages on other property 20a. Real estate taxes. 20b. S0.00 20b. Real estate taxes. 20c. S0.00 20d. Maintenance, repair, and upkeep expenses.	8. Childcare and children's edu	cation costs	8.	\$0.00
11. Medical and dental expenses       11.       \$10.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$50.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15b. Health insurance       15a.       \$0.00	9. Clothing, laundry, and dry cle	eaning	9.	\$30.00
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$50.00	10. Personal care products and	services	10.	\$30.00
Do not include car payments   13.   13.   13.   13.   13.   13.   14.	11. Medical and dental expense	es	11.	\$10.00
14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       00 not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Life insurance       15b       \$0.00		maintenance, bus or train fare.	12.	\$50.00
15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15a. \$0.00  15b. Health insurance  15b. \$0.00  15c. Vehicle insurance  15c. \$22.00  15d. Other insurance. Specify:  15d. \$0.00  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  17d. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061).  18. Your payments you make to support others who do not live with you.  Specify:  20a. \$0.00  20b. Real estate taxes.  20b. \$0.00  20c. Property, homeowner's, or renter's insurance  20c. \$0.00  20c. Property, homeowner's, or renter's insurance  20d. \$0.00  20d. Maintenance, repair, and upkeep expenses.	13. Entertainment, clubs, recre	ation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance   15a   \$0.00 15b. Health insurance   15b   \$0.00 15c. Vehicle insurance   15c   \$22.00 15c. Vehicle insurance   15c   \$22.00 15d. Other insurance. Specify:   15d   \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	14. Charitable contributions an	d religious donations	14.	\$0.00
15b		cted from your pay or included in lines 4 or 20.		
15c. Vehicle insurance	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance		15b	\$0.00
Specify:			15c	\$22.00
Specify:	15d. Other insurance. Specify:		15d	\$0.00
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.	16. Taxes. Do not include taxes d	educted from your pay or included in lines 4 or 20.		
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. S0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00	Specify:		16	\$0.00
17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  17d. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00	17. Installment or lease paymer	nts:		
17c. Other. Specify:	17a. Car payments for Vehicle	1	17a	\$0.00
17d. Other. Specify:	17b. Car payments for Vehicle	2	17b	\$0.00
17d. Other. Specify:	17c. Other. Specify:		17c	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20c \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00			17d	\$0.00
19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20b. \$0.00  20c. Property, homeowner's, or renter's insurance  20c. \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00				\$0.00
Specify:		· ·	18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	, , ,	o support others who do not live with you.	10	<b>#0.00</b>
20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00		s not included in lines 4 or 5 of this form or on Schedule I: Your Income	19.	
20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.  20d. So.00 20d. Maintenance, repair, and upkeep expenses.	, , , ,		20a	\$0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00				
20d. Maintenance, repair, and upkeep expenses.  20d \$0.00	20c. Property, homeowner's, o	or renter's insurance		
	20d. Maintenance, repair, and	upkeep expenses.		
	20e. Homeowner's association	or condominium dues	20e	\$0.00

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Debtor 1 Trivar		L.	Hill	Case number (if known)		
First I		Middle Name	Last Name			
21. <b>Other.</b> Spe	cify:				21	\$0.00
	your monthly expenses.					\$1,139.00
	nes 4 through 21.					\$0.00
. ,	line 22 (monthly expenses			\$1,139.00		
	ne 22a and 22b. The result		22.			
23. Calculate	your monthly net income					
23a. Copy	line 12 (your combined mo	onthly income) from	Schedule I.		23a	\$1,469.72
23b. Copy	your monthly expenses fro	m line 22 above.		:	23b	\$1,139.00
	ct your monthly expenses		ncome.			\$330.72
The re	esult is your monthly net in	come.			23c	-
			oan within the year or do y nodification to the terms of			

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Fill in this infor	mation to identify your ca	ase:		
Debtor 1	Trivaries	L.	Hill	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		Northern	District of Illinois (State)	
Case number (If known)			(State)	

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Pai	t 1: Sign Below									
	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?									
	<b>✓</b> No									
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).								
	Under penalty of perjury, I declare that I have read the summary	and schedules filed with this declaration and								
	that they are true and correct.									
X	/s/ Trivaries Hill	×								
	Signature of Debtor 1	Signature of Debtor 2								
	Date 2/28/2017	Date								
	MM/DD/YYYY	MM/DD/YYYY								

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Fill in	n this info	ormation to identify your	case:					
Deb	tor 1	Trivaries First Name	L. Middle	Hill Name Last Nai	me			
	tor 2 use, if filing)	First Name	Middle	Name Last Na	me			
Unit	ed States	Bankruptcy Court for the:		District of Illin	ois			
Case (If knd	e number own)			(Sta	ate)			
Of	ficial	Form 107				_		Check if this is a amended filing
			al Affairs f	or Individuals	Filing for	Bankru	ptcv	12/1:
Be an informum	s compl mation. ber (if k	ete and accurate as po If more space is need nown). Answer every o	ossible. If two med, attach a sep juestion.	arried people are filing arate sheet to this forr	together, both n. On the top of	are equally i	responsible for s	
Pari	Giv	e Details About Your	Marital Status	and Where You Live	d Before			
1.	What i	s your current marital st	atus?					
		arried ot married						
2.	During	the last 3 years, have y	ou lived anywher	e other than where you l	ive now?			
	✓ No		ou lived in the las	t 3 years. Do not include	where you live no	DW.		
	De	ebtor 1:		Dates Debtor 1 lived there	Debtor 2:			Dates Debtor 2 lived there
					Same as I	Debtor 1		Same as Debtor 1
	Nu	umber Street		From	Number Stree	t		From
	Ci	ty State	Zip Code		City	State	Zip Code	
					Same as I	Debtor 1		Same as Debtor 1
	Nu	umber Street		From	Number Stree	t		From
	Ci	ty State	Zip Code		City	State	Zip Code	
3.	and territ	<i>ories</i> include Arizona, Calif	omia, Idaho, Louis	oouse or legal equivalen siana, Nevada, New Mexico Codebtors (Official Form	o, Puerto Rico, Tex			mmunity property states

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Hill

Debtor	1 Trivaries L.	Hill		umber (if known)		
	First Name Middle	e Name Last Nam	е			
Part 2:	Explain the Sources of Your Inc	come				
Fil	d you have any income from employm I in the total amount of income you receitivities. If you are filing a joint case and yo No Yes. Fill in the details.	ved from all jobs and all busin	esses, including part-time		ars?	
		Debtor 1		Debtor 2		
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
	From January 1 of current year until he date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$3192.00	Wages, commissions, bonuses, tips Operating a business		
	For last calendar year:  January 1 to December 31, 2016 )  YYYYY	Wages, commissions, bonuses, tips Operating a business	\$21937.00	Wages, commissions, bonuses, tips Operating a business		
	For the calendar year before that:  (January 1 to December 31, 2015)  YYYY  Wages, commissions bonuses, tips  Operating a business		\$22000.00	Wages, commissions, bonuses, tips Operating a business		
Inc pul filin	I you receive any other income during lude income regardless of whether that in polic benefit payments; pensions; rental in g a joint case and you have income that teach source and the gross income from No  Yes. Fill in the details.	ncome is taxable. Examples o come; interest; dividends; mo you received together, list it o	f other income are alimony; oney collected from lawsuits; only once under Debtor 1.	royalties; and gambling and lot		
		Debtor 1		Debtor 2		
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	
	From January 1 of current year until the date you filed for bankruptcy:					
	For last calendar year: (January 1 to December 31, 2016 )  YYYY					
	For the calendar year before that: (January 1 to December 31, 2015)  YYYYY					

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Hill Debtor 1 Trivaries Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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btor 1	Trivaries		L.	Hill		Case number	(if known)
	First Name		Middle Name	Last	Name		
Insid corp ager	ders include your porations of whic	relatives; a h you are a for a busin	ny general partners n officer, director, p ess you operate as	; relatives of any goerson in control, o	eneral partners; part or owner of 20% or	nerships of which y more of their voting	who was an insider? ou are a general partner; securities; and any managing domestic support obligations,
	No Yes. List all pag	yments to a	an insider.				
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name						
	Number Street						
_	City	State	Zip Code				
	Insider's Name			<del> </del>			
	Number Street						
_	City	State	Zip Code				
insid Inclu	der? ude payments or No	debts gua	for bankruptcy, d ranteed or cosigned t benefited an insi	d by an insider.	payments or trans	fer any property o	n account of a debt that benefited an
ш	res. List all pay	inenis ina	i denented an insi	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment  Include creditor's name
	Insider's Name						
	Number Street						
_	City	State	Zip Code				
	Insider's Name						
	Number Street						
	City	State	Zip Code				

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Debtor 1	Trivaries First Name	L. Middle Name	Hill Last Name	Case number (if)	known)	
2 a wh 4 a	1					
art 4:	Identity Legal Actio	ns, Repossessions, a	na Foreciosures			
List				it, court action, or adminis s, collection suits, paternity a		
<b>✓</b>	No Yes. Fill in the details.					
_		Nat	ure of the case	Court or agency		Status of the case
	Case title					Pending
	0			Court Name		On appeal
	Case number			NumberStreet		Concluded
				City State	Zip Code	
	Case title					Pending
	Cooperumber			Court Name		On appeal
	Case number			NumberStreet		Concluded
				City State	Zip Code	
	Yes. Fill in the informa	ation below.	Describe the proper	rty	Date	Value of the property
	Creditor's Name					
	Number Street		Explain what happe	nea		
	rambor choos		Property was rep	ossessed.		
			Property was fore	eclosed.		
	City Sta	ate Zip Code	Property was gar			
				ached, seized, or levied.		
			Describe the proper	rty	Date	Value of the property
	Creditor's Name		-		-	<u></u>
			Explain what happe	ned		
	Number Street		_			
			Property was rep			
			Property was fore	eciosea.		
			Property was gar	nished		

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Debtoi	1 Trivaries	L.	Hill	Case number (if know	vn)	
	First Name	Middle Name	Last Name			
		ou filed for bankruptcy, did ake a payment because y	d any creditor, including a b ou owed a debt?	ank or financial institution	n, set off any amou	ints from your
- 1	No					
L	_					
L	Yes. Fill in the details	5.				
			Describe the action the	creditor took	Date action was taken	Amount
	City of Chicago Parkin	ng	City of Chicago offset the taxes	ne refund state of illinois	02/2017	\$600.00
	121 N. LaSalle St # 10	07.A				
	Number Street	UTA	-			
	Namber Officer					
			Last 4 digits of account r	number: XXXX-0000		
	Chicago Illi	inois 60602				
		ate Zip Code	-			
	J., J.	p				
		filed for bankruptcy, was stodian, or another officia	any of your property in the	possession of an assignee	for the benefit of o	creditors, a court-
	<b>✓</b> No					
Ļ	☱					
	Yes					
L						
Dow's	List Cartain Gifts a	and Contributions				
Part 5	List Certain Gifts a	and Contributions				
			d you give any gifts with a to	otal value of more than \$6	00 per person?	
	Within 2 years before yo		d you give any gifts with a to	otal value of more than \$6	00 per person?	
	Within 2 years before yo	ou filed for bankruptcy, die	d you give any gifts with a to	otal value of more than \$6	00 per person?	
	Within 2 years before yo  ✓ No  ✓ Yes. Fill in the detail	ou filed for bankruptcy, did		otal value of more than \$6		
	Within 2 years before yo  ✓ No  ✓ Yes. Fill in the detail	ou filed for bankruptcy, die	d you give any gifts with a to  Describe the gifts	otal value of more than \$6	00 per person?  Dates you gave the gifts	Value
	Within 2 years before yo  ✓ No  ☐ Yes. Fill in the detail  Gifts with a total va	ou filed for bankruptcy, did		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before yo  ✓ No  ✓ Yes. Fill in the detail  Gifts with a total va per person	ou filed for bankruptcy, did s for each gift. lue of more than \$600		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before yo  ✓ No  ☐ Yes. Fill in the detail  Gifts with a total va	ou filed for bankruptcy, did s for each gift. lue of more than \$600		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before yo  ✓ No  ✓ Yes. Fill in the detail  Gifts with a total va per person	ou filed for bankruptcy, did s for each gift. lue of more than \$600		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before yo No Yes. Fill in the detail Gifts with a total va per person  Person to Whom You	ou filed for bankruptcy, did s for each gift. lue of more than \$600		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before yo  ✓ No  ✓ Yes. Fill in the detail  Gifts with a total va per person	ou filed for bankruptcy, did s for each gift. lue of more than \$600		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before yo  No Yes. Fill in the detail Gifts with a total va per person  Person to Whom You  Number Street	ou filed for bankruptcy, did s for each gift. lue of more than \$600 Gave the Gift		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before yo  No Yes. Fill in the detail  Gifts with a total va per person  Person to Whom You  Number Street	ou filed for bankruptcy, did s for each gift. lue of more than \$600		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before your No Yes. Fill in the detail Gifts with a total va per person  Person to Whom You  Number Street	is for each gift.  Iue of more than \$600  Gave the Gift		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before yo  No Yes. Fill in the detail  Gifts with a total va per person  Person to Whom You  Number Street  City St	is for each gift.  Iue of more than \$600  Gave the Gift		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before yo  No Yes. Fill in the detail  Gifts with a total va per person  Person to Whom You  Number Street  City St	is for each gift.  Iue of more than \$600  Gave the Gift		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before your No Yes. Fill in the detail Gifts with a total var per person  Person to Whom Your Number Street  City Street	ou filed for bankruptcy, did s for each gift.  Iue of more than \$600  Gave the Gift  ate Zip Code to you		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before yo  No Yes. Fill in the detail  Gifts with a total va per person  Person to Whom You  Number Street  City St	ou filed for bankruptcy, did s for each gift.  Iue of more than \$600  Gave the Gift  ate Zip Code to you		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before your No Yes. Fill in the detail Gifts with a total var per person  Person to Whom Your Number Street  City Street	ou filed for bankruptcy, did s for each gift.  Iue of more than \$600  Gave the Gift  ate Zip Code to you		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before your No  Yes. Fill in the detail  Gifts with a total va per person  Person to Whom Your  Number Street  City Strest  Person's relationship of the street of the s	ou filed for bankruptcy, did s for each gift.  Iue of more than \$600  Gave the Gift  ate Zip Code to you		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before your No Yes. Fill in the detail Gifts with a total var per person  Person to Whom Your Number Street  City Street	ou filed for bankruptcy, did s for each gift.  Iue of more than \$600  Gave the Gift  ate Zip Code to you		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before your No Yes. Fill in the detail Gifts with a total variable person  Person to Whom Your Number Street  City Street  Person's relationship of Person to Whom Your Number Street	Is for each gift.  Is for each gift.  Iue of more than \$600  Gave the Gift  Tate Zip Code  to you  Gave the Gift		otal value of more than \$6	Dates you gave the	Value
	Within 2 years before your No  Yes. Fill in the detail Gifts with a total vaper person  Person to Whom Your Number Street  City Strest Person's relationship of Person to Whom Your Number Street	Is for each gift.  Iue of more than \$600  Gave the Gift  Tate Zip Code  To gave the Gift  Tate Zip Code		otal value of more than \$6	Dates you gave the	Value

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Debtor 1	Trivaries	L.	Hill Case number	(if known)	
	First Name	Middle Name	Last Name		
. Wit	thin 2 years before you fi	iled for bankruptcy, did	you give any gifts or contributions with a total v	value of more than \$600	to any charity?
<b>✓</b>	No				
Ë	ı   Yes. Fill in the details fo	or each gift or contributi	on		
		-			
	Gifts or contributions t		Describe what you contributed	Date you	Value
	that total more than \$	600		contributed	
	Charity's Name		-		
	•				
	-				
	Number Street		-		
	City State	e Zip Code	-		
	1				
rt 6:	List Certain Losses				
. Wit	hin 1 year before you file	ed for bankruptcy or si	nce you filed for bankruptcy, did you lose anythii	ng because of theft, fire,	other disaster, or
gar	mbling?				
<b>✓</b>	No				
	Yes. Fill in the details.				
ш	res. Fili iri trie details.				
	Describe the property		Describe any insurance coverage for the lo		Value of property
	how the loss occurred		Include the amount that insurance has paid. Li		lost
			pending insurance claims on line 33 of <i>Schedu A/B</i> : <i>Property</i> .	lie	
			A.B. Floperty.		
	List Certain Paymen	T			
	No				
<b>✓</b>	Yes. Fill in the details.				
	!		Description and value of any property	Date payment	Amount of
			transferred	or transfer	payment
				was made	
	Semrad Law Firm		Attorney's Fee - 1400.00	2/28/2017	\$1400.00
	Person Who Was Paid		7 110 110 1 100 1 100 100		• • • • • • • • • • • • • • • • • • • •
	20 S. Clark Street				
	Number Street				
	28th Floor				
	•		.		
	Chicago Illinoi				
	City State				
	City State	e Zip Code			
		e Zip Code			
	City State	e Zip Code			
	City State  Email or website address	e Zip Code			
	City State  Email or website address  Person Who Made the P	e Zip Code			
	City State  Email or website address	e Zip Code			
	City State  Email or website address  Person Who Made the P	e Zip Code			
	City State  Email or website address  Person Who Made the P  Person Who Was Paid	e Zip Code			
	City State  Email or website address  Person Who Made the P  Person Who Was Paid	e Zip Code			
	City State  Email or website address  Person Who Made the P  Person Who Was Paid  Number Street	e Zip Code			
	City State  Email or website address  Person Who Made the P  Person Who Was Paid	e Zip Code			
	City State  Email or website address  Person Who Made the P  Person Who Was Paid  Number Street  City State	Zip Code Salayment, if Not You Example 2 Zip Code			
	City State  Email or website address  Person Who Made the P  Person Who Was Paid  Number Street	Zip Code Salayment, if Not You Example 2 Zip Code			

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Debtor 1	Trivaries	L.	Hill	Case number (if know	(n)	
	First Name	Middle Name	Last Name			
he	thin 1 year before you file lp you deal with your cred not include any payment o	litors or to make paym		n your behalf pay or transfe	er any property to an	yone who promised to
<b>∠</b>	No Yes. Fill in the details.					
	'		Description and value of transferred	of any property	Date payment or transfer was made	Amount of payment
	Person Who Was Paid		-			
	Number Street		-			
	City State	Zip Code	·			
	Oity State	Zip Code				
<b>th</b> o	ordinary course of your b	ousiness or financial a and transfers made as	security (such as the granting			
Ľ	Yes. Fill in the details.					
			Description and value oproperty transferred		ny property or received or debts pai re	Date d transfer was made
	Person Who Received Tra	nsfer	-			
	Number Street					
	City State Person's relationship to y	Zip Code ou	-			
	Person Who Received Tra	ansfer	-			
	Number Street		· -			
	City State Person's relationship to y	Zip Code ou				
be	thin 10 years before you fineficiary?		d you transfer any property	to a self-settled trust or si	milar device of which	n you are a
<b>∠</b>	No Yes. Fill in the details.					
L	Tes. Fill III die details.		Description and value	of the property transferred	d	Date transfer was made
	Name of trust					

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Hill

Debtor 1 Trivaries Case number (if known) Last Name First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was number instrument before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

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Debtor '	Irivaries L.		dill	Cas	se number (if known)	
	First Name Middle Name		ast Name			
Part 9:	Identify Property You Hold or Control	for Someor	ne Else			
	you hold or control any property that some meone.	one else owns	s? Include an	y property you b	orrowed from, are storing for, or hold in	trust for
30	meone.					
<b>~</b>	No					
F	Yes. Fill in the details.					
_	•	Where is t	he property?		Describe the contents	Value
		Wilere 13	ine property.		besombe the contents	Value
	Owner's Name	NumberSti	reet			
	Number Street					
		City	State	Zip Code		
	0" 0'-1-					
	City State Zip Code					
Part 10	Give Details About Environmental In	formation				
For the	purpose of Part 10, the following definitions app	oly:				
	Environmental law means any federal, state, or lo	ocal statute or i	regulation con	cerning pollution	contamination releases of	
	nazardous or toxic substances, wastes, or mate					
	ncluding statutes or regulations controlling the	cleanup of thes	e substances,	wastes, or mater	ial.	
	Site means any location, facility, or property as d	efined under a	ny environmer	ntal law whether w	you now own, operate or utilize it	
	or used to own, operate, or utilize it, including d		iny cirvilorimici	italiaw, wholion	you now own, operate, or utilize it	
				d	alas a salada a sa	
	<i>Hazardous material</i> means anything an environn toxic substance, hazardous material, pollutant, c			dous waste, nazai	rdous substance,	
Report	all notices, releases, and proceedings that you k	now about, reg	ardless of wh	en they occurred.		
24. Ha	s any governmental unit notified you that yo	u may be liab	le or potenti	ally liable under	or in violation of an environmental law?	?
	1 No					
<u> </u>						
L	Yes. Fill in the details.					
		Governme	ntal unit		Environmental law, if you know it	Date of
						notice
	Name of site	Governme	atal unit			
	Name of Site	Governme	itai uiit			
	Number Street	NumberStr	eet			
		City	State	Zip Code		
	01.					
	City State Zip Code					
)E U-	we you notified any governmental unit of any	release of L		oriol2		
.ט. Ma	ve you notified any governmental unit of any	release of ha	azaruous mat	enar		
V	] No					
È	Yes. Fill in the details.					
_	1 1001 1 111 1110 110 110 110	0				
		Governme	ntai unit			B.L. of
					Environmental law, if you know it	Date of
					Environmental law, if you know it	Date of notice
	Name of site	Governme	ntal unit		Environmental law, if you know it	
	Name of site	Governme	ntal unit		Environmental law, if you know it	
	Name of site  Number Street	Governme			Environmental law, if you know it	
		-			Environmental law, if you know it	
		-		Zip Code	Environmental law, if you know it	
		NumberStr	reet	Zip Code	Environmental law, if you know it	

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Debt		Trivaries		L.	Hill	Case n	umber <i>(if k</i>	nown)		
		First Name		Middle Name	Last Name					
26.	_	e you been a part	y in any judic	cial or administ	trative proceeding unde	r any environmental	law? Inc	lude settlem	nents and orde	rs.
		Yes. Fill in the det	ails.							
	ч	100.1	ano.		Court or agency		Nature of	f the case		Status of the
					Journal agono,					case
		Case title								Pending
					Court Name					
		Case number			NumberStreet					On appeal
										Concluded
					City State	Zip Code				
Part	11:	Give Details Al	oout Your E	Business or C	connections to Any Bu	usiness				
27.	With	-			d you own a business or	-			any business	?
					rade, profession, or othe	-	time or pa	art-time		
					(LLC) or limited liability pa	artnership (LLP)				
		A partner in a			ive of a corporation					
					equity securities of a cor	rnoration				
		_		_		porduori				
	$\mathbf{V}$	No. None of the a				L 2				
	Ш	Yes. Check all tha	at apply abo	ve and till in the	e details below for each					
					Describe the nat	ure of the business			lentification กเ :ial Security ทเ	
								EIN:		
		Business Name								
		Number Street						Dates busin	ess existed	
					Name of account	tant or bookkeeper				
		City	State	Zip Code				From	To	
					Describe the nat	ure of the business			lentification notical Security no	
		Business Name						EIN:		
		Number Street			Nome of consum	tant av baakkaanav		Dates busin	ess existed	
		City	State	Zip Code		tant or bookkeeper		Erom	To	
		S.1.,	Ciaio	p				110111	To	
					Describe the nat	ure of the business			lentification no ial Security no	
								EIN:	<b>,</b>	
		Business Name						_11 V.		
		Number Street						Dates busin	ness existed	
		330			Name of account	tant or bookkeeper				
		City	State	Zip Code				From	То	

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Debt	tor 1 Trivaries		L.	Hill	Case number (if known)
	First Name		Middle Name	Last Name	
28.		rs before you filed fo other parties.	or bankruptcy, did yo	ou give a financial statem	ent to anyone about your business? Include all financial institutions,
		n the details below.			
	_			Date issued	
	Name			MM/DD/YYYY	_
	Number	Street		_	
	City	State	Zip Code	_	
Part	12: Sign Be	elow			
t	rue and corre	ct. I understand tha ase can result in fi	nt making a false sta	tement, concealing prop	nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	^	/s/ Trivaries Hil			· · · · · · · · · · · · · · · · · · ·
		Signature of Debte	or i		Signature of Debtor 2
		Date 2/28/2017			Date
[ [	No Yes				iduals Filing for Bankruptcy (Official Form 107)?
	_	agree to pay some	one who is not an at	torney to help you fill out	bankruptcy forms?
<u> </u>	No Yes. Name	of person			Attach the Bankruptcy Petition Preparer's Notice,

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re	Trivaries L. Hill	Northern Distric	Case No.			
	Debtor			(If known)		
			Chapter	Chapter 13		
	DISCLOSURE OF (	COMPENSATIO	N OF ATTORNEY F	OR DEBTOR		
1	. Pursuant to 11 U.S.C. § 329(a) and Fe compensation paid to me within one y rendered or to be rendered on behalf of	ear before the filing of the	petition in bankruptcy, or agreed to	be paid to me, for services		
	For legal services, I have agreed to acc	cept		\$4,000.00		
	Prior to the filing of this statement I ha	ave received		\$1,400.00		
	Balance Due			\$2,600.00		
2	. The source of the compensation paid	to me was:				
	<b>✓</b> Debtor	Other (specify)				
3	. The source of the compensation paid	to me is:				
	<b>✓</b> Debtor	Other (specify)				
4	. I have not agreed to share the abomembers and associates of my la	ove-disclosed compensation w firm.	n with any other person unless the	ey are		
		firm. A copy of the agreeme	th a other person or persons who ent, together with a list of the name			
5	. In return for the above-disclosed fee, a. Analysis of the debtor's financ bankruptcy;		I service for all aspects of the bank advice to the debtor in determinin			
	b. Preparation and filing of any p	f any petition, schedules, statements of affairs and plan which may be required;				
	c. Representation of the debtor a	at the meeting of creditors a	nd confirmation hearing, and any	adjourned hearings thereof;		
	d. Representation of the debtor in	n adversary proceedings an	d other contested bankruptcy mat	ters;		
6	. By agreement with the debtor(s), the a	bove-disclosed fee does no	ot include the following services:			
		CERTIFICA	ATION			
	I certify that the foregoing is a complete tor(s) in this bankruptcy proceedings.	statement of any agreemer	nt or arrangement for payment to r	ne for representation of the		
	2/28/2017		/s/ Angie Harb			
	Date		Signature of Attorney			
			Semrad Law Firm			
	_		Name of law firm			

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to \$726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

3

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$1,400.00 toward the flat fee, leaving a balance due of \$2,600.00; and \$61.76 for expenses, leaving a balance due of \$2,971.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:	2/28/2017		
Signed:	and the second		
/s/ Triva	aries Hill Januaries Hill	$\langle A M \rangle$	
March March		/s/ Angie Harb	
Debtor(s	5)	Attorney for Debtor(s)	

Do not sign if the fee amounts at top of this page are blank.

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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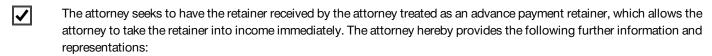
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$1,400.00 toward the flat fee, leaving a balance due of \$2,600.00; and \$61.76 for expenses, leaving a balance due of \$2,971.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:	2/28/2017	
Signed:		
/s/ Triva	ries Hill	
		/s/ Angie Harb
Debtor(s)		Attorney for Debtor(s)

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# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

		filing fee administrative fee
+	<u> </u>	
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Hill, Trivaries L.  Debtor(s)	Case No	Case No		
	Debiol(s)	Chapter.	Chapter13		
	VERIF	CATION OF CREDITOR MAT	RIX		
Ti knowledge		ify that the attached list of creditors is tr	ue and correct to the best of their		
Date:	2/28/2017	/s/ Hill, Trivaries L Hill, Trivaries L. Signature of Deb			

CBE GROUP 131 TOWE PARK DR SUITE 1 WATERLOO, IA, 50702

Peoples Gas 200 E. Randolph Chicago, IL, 60601

City of Chicago Parking 121 N. LaSalle St # 107A Chicago, IL, 60602

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654

Illinois Title Loan 8700 S Ashland Ave Chicago, IL, 60620

MIDLAND FUNDING PO Box 13105 Roanoke, VA, 24031

Peoples Gas 27 N. Wacker Drive, Suite 703 Chicago, IL, 60606

COBAR Acquisitions 25 Highland Park Village 100-201 Dallas, TX, 75205

TURNER ACCEPTANCE CORP. 25 HIGHLAND PARK VILLAGE 100-201 Dallas, TX, 75205

ComEd 3 Lincokln Cetre c/o Sabrina Copelan Villa Park, IL, 60181

Rush Hospital 1700 W Van Buren # 161 Chicago, IL, 60612 Mount Sinai Hospital Medical Center 1500 S Fairfield Ave Chicago, IL, 60608

Rent A Center 3069 W 159th St Markham, IL, 60428

Capital One Po Box 30285 Salt Lake Cty, UT, 84130

Illinois Department of Healthcare and Family Services 201 South Grand Ave E Springfield, IL, 62704

Dyer, Valerie 100 S Grand Ave E c/o Illinois Department of Healthcare and Family Springfield, IL, 62704

CHILD SUPPORT EN/IL 100 S GRAND AV EAST Springfield, IL, 62705

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Debtor 1 Trivaries First Name	L. Middle Name	Hill Last Name	Case number (if known) _	
Parists: Answer These Qu	estions for Reporting Purpos			
<sup>16.</sup> What kind of debts do you have?	16a. Are your debts primari "incurred by an individu No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primari money for a business or No. Go to line 16c. Yes. Go to line 17.  16c. State the type of debts y	lal primarily for a person  ly business debts? Bus  investment or through	nal, family, or household siness debts are debts the the operation of the bu	purpose." nat you incurred to obtain siness or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	No.	er 7. Do you estimate that	after any exempt propert distribute to unsecured cr	r is excluded and administrative editors?
18. How many creditors do you estimate that you owe?	☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,00 10,001-25,0	00 T	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?		[] \$10,000,00 [] \$50,000,00	-\$10 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be? Pareze Sign Below		\$50,000,00	-\$10 million 1-\$50 million 1-\$100 million 01-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	I have examined this petition, a	and I declare under nen:	alth of perjunathet the in	formation provided in the
	If I have chosen to file under Cl of title 11, United States Code. under Chapter 7.	hapter 7, I am aware tha . I understand the relief	at I may proceed, if eligib available under each ch	le, under Chapter 7, 11,12, or 13 apter, and I choose to proceed
	If no attorney represents me an out this document, I have obtain	id I did not pay or agree ined and read the notice	to pay someone who is required by 11 U.S.C.	not an attorney to help me fill § 342(b).
	I request relief in accordance w I understand making a false sta connection with a bankruptcy of	ith the chapter of title 1 itement, concealing pro case can result in fines i	1, United States Code,	specified in this petition.
	/s/ Trivaries Hill Signature of Debtor 1	1519, and 3571.	Signature of Debtor	
raan parangan kangan kanga Kangan kangan kanga	Executed on 2/28/2017 MM / DE		Executed on	MM / DD / YYYY

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Fill in this info	rmation to identify your	aser .			
Debtor 1	Trivaries		Hill		
	First Name	Middle Name	Last Name		
Debtor 2 (Spause, if filing)	First Name	Middle Name	Last Name		
United States I	Sankruptcy Court for the:	Northern			
	sumopicy count for the.	Normen	District of Illinois (State)	—	
Case number (If known)					
Official	Form 106De	ec_		ANTONINA MARIE MAR	Check if this is a amended filing
Declarat	ion About an	Individual Debt	or's Schedules		12/1:
If two married	people are filing togeth	er, both are equally respon	sible for supplying correct	information.	
	1341, 1519, and 3571.	ion with a bankruptcy case	or amended schedules. Mal	king a false statement, concealing prop 1250,000, or imprisonment for up to 20 y	erty, or obtaining /ears, or both. 18
Did you p	ay or agree to pay some	one who is NOT an attorne	y to help you fill out bankr	uptev forms?	
[] No					
Yes. I	Name of person		Attach Bankruptcy Pe Signature (Official For	etition Preparer's Notice, Declaration, and m 119).	
Under per that they	nalty of perjury, I declar are true and correct.	e that I have read the summ	nary and schedules filed w	ith this declaration and	
/s/ Trivar	les Hill Jakan	1024W	<b>★</b> Signature o	of Debtor 2	
Date 2/28 MM/	/2017 /DD/YYYY		Date	/DD////	

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Debtor 1	Trivaries	L.	Hiii	Case number (if known)			
	First Name	Middle Name	Last Name				
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial instit creditors, or other parties.							
Z	No						
Donesto	Yes. Fill in the details b	elow.					
			Date issued				
	Name		MM/DD/YYYY				
	Number Street		-Orleans				
	City St.	ate Zip Code	-				
Part 12:	Sign Below						
LIGO	nkruptcy case can resul	t in fines up to \$250,000	atement, conceaung pro	nments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.			
	/s/ Trivar Signature of	E 2 12 12 12 12 12 12 12 12 12 12 12 12 1	11/4				
	Signature of	Deptor I		Signature of Debtor 2			
	Date 2/28/2	017		Date			
Did y	ou attach additional pa	ges to Your Statement o	f Financial Affairs for Ind	viduals Filing for Bankruptcy (Official Form 197)?			
January .	No.	•		wadato sining to bankruptoy (Onicias Form 197)?			
	es es						
browner?							
Did y	ou pay or agree to pay s	someone who is not an a	ttorney to help you fill ou	t bankruptcy forms?			
	lo						
I)	es. Name of person	e the transfer of the control of the	Strand and a second	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).			

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### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

m re:	niii, Invanes L.	O N:	One No.		
	Debtor(s)	Case No	Case No		
		Chapter.	Chapter13		
	VERIF	ICATION OF CREDITOR MA	TRIX		
TI knowledge	ne above named Debtors hereby ve e.	rify that the attached list of creditors is	true and correct to the best of their		
Date:	2/28/2017	/s/ Hill, Trivaries	Liniaries All		
		Hill, Trivaries L. Signature of De			

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Debt	or 1 Trivaries First Name	L. Middle Name	Hill Last Name	Case number (if known)				
16.								
,	Calculate the median family income that applies to you. Follow these steps:  16a. Fill in the state in which you live.  Illinois							
			Illinois					
	16b. Fill in the number of pe		4					
	16c. Fill in the median family household	income for your state and si		- H-1 - 5 F ( )	\$90,080.00			
	nousehold  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.							
17.	How do the lines compare?							
	17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).							
	U.S.C. § 1325(b)(3	nan line 16c. On the top of pa t). Go to Part 3 and fill out ( trent monthly income from lin	Calculation of Disposa	k box 2, Disposable income is determined under 11 bite Income (Official Form 122C-2). On line 39 of that	·			
Part	Calculate Your Com	mitment Period Under	11 U.S.C. §1325(b)(	4)				
18.	Copy your total average me				\$1,714.13			
19.	Deduct the marital adjustn commitment period under 11	nent if it applies. If you are r U.S.C. § 1325(b)(4) allows y	married, your spouse is a you to deduct part of yo	not filing with you, and you contend that calculating the ur spouse's income, copy the amount from line 13.				
	19a. If the marital adjustment	t does not apply, fill in 0 on li	ne 19a.		-\$0.00			
	19b. Subtract line 19a from	line 18.			\$1,714.13			
20.	Calculate your current monthly income for the year. Follow these steps:							
	20a. Copy line 19b.				\$1,714.13			
	Multiply by 12 (the num	ber of months in a year).			x 12			
	20b. The result is your curren	t monthly income for the yea	r for this part of the form	n.	\$20,569.56			
	20c. Copy the median family		re of household from lin	e 16c.	\$90,080.00			
21.	21. How do the lines compare?							
	Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.							
	Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.							
Part 45 Sign Below								
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.								
	<b>.</b>	4 - 4	A state of the sta					
/s/ Trivaries Hill Invanils //								
	Signature of Debtor 1 Signature of Debtor 2							
	Date 2/28/2017		Da	ate	!			
	MM/DD/YYYY			MM/DD/YYYY				
	If you checked 17a, do NOT fill out or file Form 122C-2.  If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.							
		* * * * * * * * * * * * * * * * * * * *						